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FEE TRANSMITTAL For FY 2007		Complete if Known	
<i>Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</i>		Application Number	Patent#: 7,112,388 B2
		Filing Date	Issued: September 26, 2006
		First Named Inventor	Akira KISHIDA
		Examiner Name	T. H. Parsons
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Art Unit	1745
TOTAL AMOUNT OF PAYMENT (\$) 0		Attorney Docket No.	0020-5152P

METHOD OF PAYMENT (check all that apply)

<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify): _____
<input checked="" type="checkbox"/> Deposit Account		Deposit Account Number: <u>02-2448</u>		Deposit Account Name: <u>Birch, Stewart, Kolasch & Birch, LLP</u>
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)				
<input checked="" type="checkbox"/> Charge fee(s) indicated below		<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee		
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17		<input checked="" type="checkbox"/> Credit any overpayments		

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues)	Small Entity Fee (\$)	Fee (\$)
	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims
- =	x	=		Fee (\$)
HP = highest number of total claims paid for, if greater than 20.				Fee (\$)
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	
- =	x	=		
HP = highest number of independent claims paid for, if greater than 3.				

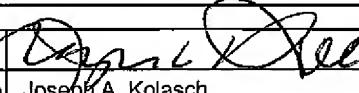
3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/50	(round up to a whole number) x	=	

4. OTHER FEE(S)

Other (e.g., late filing surcharge): 1811 Certificate of correction Fee paid on 12/06/06 (100.00)**

SUBMITTED BY			
Signature			Registration No. (Attorney/Agent)
Name (Print/Type)	Joseph A. Kolasch		22,463
			Telephone (703) 205-8000
			Date April 27, 2007

\$100 Previously Paid on December 6, 2006 for consideration of Certificate of Correction. Request Denied on January 10, 2007. A replacement Request for Certificate of Correction is being submitted herewith. No additional fee is deemed necessary.